The Hampden Hippocrat

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SPECIAL

BY-LAWS

NUMBER

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

Telephone: REpublic 6-0661

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

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THE HAMPDEN HIPPOCRAT, FEBRUARY, 1966

BY-LAWS

by ALLEN JOHNSON, M.D., Member Committee on By-Laws and Council Rules, MMS; Past President, HDMS and MMS

By-laws and principles of parliamentary procedure often seem to vie with statistics as the bete noire of the clinician who regards them as an esoteric obstruction designed to thwart his common sense approach to a problem. Yet this same clinician would be horrified to encounter a medical curriculum which ignored anatomy and physiology and plunged at once into clinical medicine. By-laws represent the morphology and physiology of the social organism of which this clinician chooses to become a functional unit. His effective participation in local, state, and national organizations requires an understanding of their structure and of their functional interdependence. Without this understanding he will remain a passive impotent onlooker or a thwarted rebel and the organization may be deprived of his constructive ideas.

Just as the AMA is a federacy of its constituent associations comprising state and territorial medical societies, so the latter are made up of component

district (or county) societies. Each has its own by-laws describing the structure and functions of the unit and its functional relationship to the adjacent bodies in this tripartite hierarchy. The foundation of the Massachusetts Medical Society is the legislative act of incorporation of 1781 which states, among other things, ". . . that the Fellows of said Society shall have Full power and Authority to make and Enact such rules and bye Laws for the better Government of said Society as are not repugnant to the Laws of this Commonwealth. . ." It is inevitable that the kaleidoscopic changes in our By-laws produced by the passage of time now conflict in some particulars with the original statutes. But these are not serious inconsistencies and sentimental considerations as well as the advice of our legal counsel have militated against the risky procedure of asking the General Court to amend the statutes.

The average Fellow of the MMS can hardly be expected to devote himself to the uninterrupted reading of its By-Laws especially if he is not a councilor; and even the councilor probably uses them largely for reference. But no Fellow who intends to discharge his obligations of membership can fail to read chapter III of the MMS By-Laws which define the relationship between the State and District Societies. Such a perusal will show that by-laws are no granite tablet of immutable truths but a flexible and changing collection of covenants which must keep pace with man's constant struggle to adapt to a changing environment. Provision for amendment is as important as the by-laws themselves. District Society By-Laws must also be revised from time to time both to remain consistent with those of the State Society and to furnish the necessary adaptations to the changing local medical environment.

The foregoing discussion should furnish argument for acquiring at least a nodding acquaintance with our District Society By-Laws in their entirety. For those with scholarly inclinations there is no better way to gain this practical familiarity than by attending meetings with By-laws in hand and following the transaction of business according to their prescription. And let me say to those of you who plan to become president, it is much easier to acquire this knowledge of the By-laws by easy steps than by waiting until you find yourself in the chair.

Rules of parliamentary procedure have one purpose in common with by-laws: to enable an otherwise unwieldy group to transact business efficiently. That they are sometimes used improperly is no more an indictment of rules of order than is the razor-cut finger of the child an indictment of the razor. Like statistics both instruments require training and sophistication for their proper use. Rules of order are not intended for the shyster that he may outwit men of good faith. Sound parliamentary practice expedites the transaction of business while insuring adequate but not unlimited discussion. It insures that the will of the majority shall prevail while protecting the rights of the minority. A rule of order should be a means to this end and not an end in itself.

#

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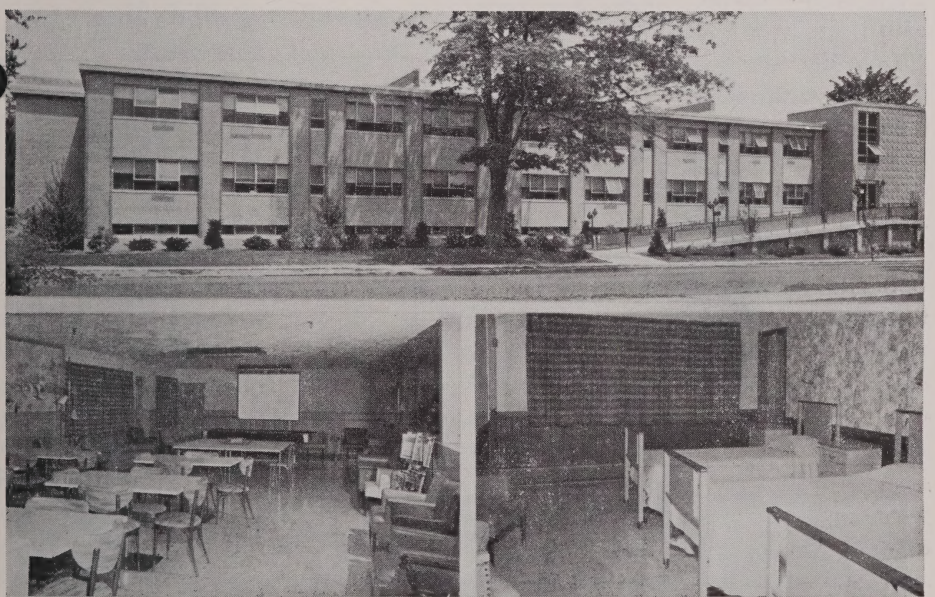

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EXECUTIVE COMMITTEE MEETING (Highlights)

The regular monthly meeting of the Executive Committee was held on January 18, 1966 at the HDMS headquarters. The meeting was called to order by President Burkhardt at 8:10 P.M. Present were: Drs. Memery, Moore, Adham, Mahoney, Mozden, Williams, LaMarche, O'Malley, and Mrs. Purdy.

Minutes of the December meeting were read and approved as read.

Correspondence

A letter of resignation was read from Dr. Butler, Wilbraham, who has left to join a clinic in Georgia.

A copy of the Springfield Area Community Health Study has been sent to the AMA office for evaluation. The AMA advises that HDMS keep in touch with methods of implementation.

A letter of retirement from Dr. Millman, Editor-in-Chief of the *Hampden Hippocrat,* was read and accepted with regret.

A recommendation by the Public Health Committee that an Air Pollution program be established, was approved (see page 10).

Dr. Roberts gave a report on Tax Supported Medical Care and stressed the fact that the *Society* must accept Medicare as the law of the land.

A letter from Dr. Buck was received (see page 10).

Committee Reports

Dr. Mozden reported for the Disaster Medical Care Committee. A disaster drill is being planned with local Civil Defense Agencies and hospitals. It will be held in April.

Mrs. Purdy reported for the Medico-Religious and the Public Health Committees. Both committees are working hard. Additional reports will be presented at the District meeting.

The meeting was adjourned at an unusually early hour for the Executive Committee, 9:30 P. M.

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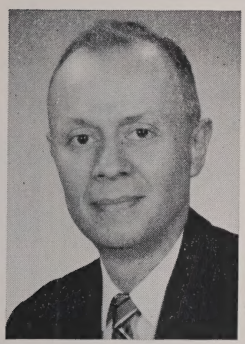
President's Page



DISASTER MEDICAL CARE

An organized plan for the efficient handling of many casualties that might result from some civilian disaster is obviously a necessity in our society today. Nationwide, hospitals are being compelled to develop disaster plans and to hold practice drills periodically to assure that all personnel are trained and know their duties. Hospitals in our district have already had such drills and recently had an opportunity to test their emergency power generating systems in the recent power "black-out".

Unfortunately we tend to become apathetic about such programs and show little to no desire for participating in such drills. Suddenly a disaster such as the recent explosion in Boston that injured 57 people and killed 10 people makes us see the need for readiness.

Dr. Walter S. Mozden, chairman of our district's Disaster Medical Care Committee, is planning an exercise to be held this spring in cooperation with the Massachusetts Civil Defense Agency and administrators of hospitals in our district. It is planned for local fire and police departments to participate as well as personnel from Westover Air Force Base. Our Society will assume responsibility for the medical aspects of the exercise. A medical group will be sent to the scene of the disaster for the purpose of planning transportation to hospitals in the district. Casualties at the hospitals will be handled according to each respective hospital's disaster plan. Medical judges will be assigned by our District Society to the hospitals so that each one may be judged as to the efficiency with which it handles a sudden influx of injured patients. Civil Defense will arrange for communication between the disaster site and the participating hospitals with a tie in to fire and police departments.

I urge you to give your wholehearted cooperation in this important training exercise as only by advance planning and training can we "be prepared".

Henry Burkhardt, M.D.

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HAMPDEN CAPSULES

Removal of office:

Cyril E. Shea, Jr., M.D., to West Springfield Medical Center, 75 Van Deene Avenue, West Springfield.

— —

Dr. Robert Riker has moved his practice to Palmer, Mass.

— —

Francois M. Toutounghi, M.D. is now associated with Drs. L. M. Kruger and H. R. Crawford at 39 Mulberry St., Springfield.

— —

"Husbands Attending Deliveries" is the title of an article by Malcolm Allen, M.D., Springfield, published in the Journal of Obs-Gyn of January, 1966.

— —

If you are planning to discard this (By-laws) issue of the *Hippocrat,* **PLEASE** send it instead to the Society office.

— —

Transfers

To non-resident membership of the Mass. Medical Society:

Jay Slosberg to Clarement, Cal.

Roger Cheney to Columbia, Conn.

From Essex South to Hampden:

Allen M. Hill, Chester, Mass.

— —

Leave of absence: Dr. Alonzo Sheffield to New York to complete a course of study in digestive disease.

— —

Dr. Milton Teitel spoke to Brunton PTA with two movies, "Human Growth" and "A Quarter Million Teenagers".

— —

Radio-WACE February schedule:

Feb. 4—Dr. James Smith, Child Guidance

Feb. 11—Dr. Garry deN. Hough, III, on Medicine and Religion

Feb. —Dr. Charles Holt on Emergency Medical Service (tentative)

Feb. 18—Dr. Walter Tauber (tentative)

— —

If you would like to be on radio in March, PLEASE contact the office, Mrs. Purdy.

— —

HDMS certificates are available from the office. These make a nice addition to your other certificates, diplomas, etc. Call 736-0661.

— —

Meetings at Headquarters in January:

Disaster Medical Care, Medico-Religious, Pre-Council, Public Health, Executive.

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IN MEMORIAM

LEO A. BYRNES, M. D.

1901 — 1966

Dr. Leo A. Brynes, formerly of 40 Lexington Ave., Holyoke, died on Jan. 11, 1966, after a very prolonged illness.

Born in Holyoke, Mass., in 1901, Dr. Byrnes attended local schools and received his medical degree from Tufts Medical School, Boston, Mass. in 1923. For over seventeen years he was engaged in the private practice of medicine in Holyoke.

Dr. Byrnes was a member of the Mass. Medical Society and the Hampden District Medical Society. During World War II, he served in the Medical Corps. of the U. S. Army.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 26

EXECUTIVE COMMITTEE MEETINGS, MARCH 15 and APRIL 12

ACADEMY OF MEDICINE, MARCH 8 (SEE PAGE 27)

NATIONAL CONGRESS ON MEDICAL ETHICS, MARCH 5-6, CHICAGO

M.M.S. COUNCIL MEETING, MAY 16

AMERICAN ACADEMY OF GENERAL PRACTICE, BOSTON, APRIL 1-7

AMERICAN COLLEGE OF PHYSICIANS, NEW YORK, APRIL 18-22

M.M.S. ANNUAL MEETING, BOSTON, MAY 16-18

A.M.A. ANNUAL MEETING, CHICAGO, JUNE 26-30

PUBLIC HEALTH COMMITTEE

The following recommendation was submitted by the Public Health Committee to the Executive Committee on January 18, 1966 for endorsement:

"Aware of the potential dangers of air pollution in the Pioneer Valley, particularly as related to the general health of the area's population, it is hereby recommended that the Executive Committee of H.D.M.S. endorse in principle the establishment of an air pollution control program in this area." David E. Booker, M.D.
Chairman

COMMITTEE OF CHOICE M.M.S.

H.D.M.S. is in receipt of a communication from Dr. Robert W. Buck, Secretary, M.M.S., requesting that, if any member is interested in serving on a state society committee, such appropriate desire has only to be expressed to Dr. Harry Memery, Secretary, H.D.M.S., at headquarters by phone or, preferably, by letter.

A list of state society committees can be obtained from H.D.M.S. headquarters.

ATTENTION COMMITTEE CHAIRMEN!

Committee reports that are purely informational in character need not be presented at the Annual Meeting. Instead, they will be published in the April issue of the *Hippocrat.*

The only requirements are: (1) that the report not exceed 300 words; (2) that the original report reach Society headquarters not later than March 20; and (3) that a copy of the report reach the desk of the Editor-in-Chief not later than March 20.

Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will instead report to their respective parent committees.

Your cooperation is urgently requested.

Harry N. Memery, M. D., Secretary

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FEBRUARY (1)
MEETING HIGHLIGHTS

PLACE: Kimball Towers, Springfield TIME: 6:40 P.M. In attendance: 174, against 194 reservations. . .

President Burkhardt called the meeting to order. . . Minutes of previous meeting were read and accepted. . . Dr. Hayes advised that Mass. physicians may have to sign the Civil Rights Oath. . . Dr. Carver reported for the Blue Shield Committee advising of the "physicians' fee profile" activities of Mass. Blue Shield and possible extension of Blue Shield benefits for those over 65. . . Dr. Mozden reported on further planning for spring drill by the Disaster Medical Care Committee. . . Dr. Booker reported for the Public Health Committee. . . Dr. LaMarche reported for the Public Relations Committee. . . Physicians were encouraged to join A.M.A. for there is a possibility of Mass. losing a seat in the House of Delegates. . . Continued strong, active opposition to the "Chiropractor Bill" was urged. . .

The business meeting was followed by a convivial social hour which in turn was followed by a delicious roast beef dinner. . . Dr. Burkhardt introduced the "head table" which included Rev. Langford Baldwin, All Saints' Episcopal Church, Springfield; Rev. Walter E. Manzel, First Lutheran Church, Holyoke; Msgr. Joseph A. Russell, Hospital Chaplain of Springfield Catholic Diocese, and Rev. Clayton J. Steele, First Congregational Church, East Longmeadow. . .

Guest speaker of the evening was Dr. Paul B. McCleave, Director, Dept. of Medicine and Religion, A.M.A., who discussed various "ethical paradoxes" brought about by recent medical and scientific progress. . . There is urgent need for medicine and theology to come in dialogue to evolve guidelines of all in the moral and ethical sphere. . . His address was very well received. . .

The meeting adjourned at 9:45 P.M.

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PLANNING FOR SOCIAL SECURITY

Since the new Medicare law includes physicians in the Social Security system for the first time, physicians may well have to take a second look at their personal financial planning. The retirement benefits, along with life and disability protection included in the law, may well be integrated with other assets of the physician in planning his future. As the law now stands, the maximum monthly benefit for a retired couple is $252, and for a family is $368. However, these maximum benefits will not apply to everyone, the benefits being dependent on a number of factors, such as present age, age at retirement or death, and the number of dependent children. The only certainty is that the self-employed physician will pay a tax of $259.20 for 1965 for an income over $4,800, and this tax will go up to $405.90 for 1966 for an income over $6,600. These taxes will then increase steadily in steps to $514.80 by 1987. In all probability, the tax will be increased long before this date if Congress continues its past pattern of continually expanding Social Security benefits. Furthermore, the Social Security taxes are not tax deductible for Federal income tax purposes.

It is very possible the physician may ultimately require less life insurance in the future. However, unlike commercial insurance protection which is in force immediately, Social Security benefits depend on the age of entrance into the program and the number of years of coverage. Benefits are greatest for those who entered the program at the age of 21 years as may be the case for those who had salaried positions or those who may have been in the armed forces. The later one enters the program the smaller are the benefits, so that those who have had no previous Social Security coverage will not have sufficient benefits for several years. These individuals will certainly wish to continue adequate life insurance protection for some time. Younger physicians will have more protection to look forward to than is the case with the older age group.

Survivor and Retirement Benefits

Survivors' benefits represent the income received by a widow and children upon the death of the physician. The amount of these benefits depends upon the "primary insurance," which in turn depends upon the age on entering the program and the amount of benefit credit accumulated. A widow receives 82.5% of the primary insurance at the age of 62 years, or 71.5% if

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she wishes to collect at the age of 60 years. Unless there is at least one child under age 18 years, or age 22 years; if he is a student, she receives nothing before this age. However, if there is such a dependent child, she receives 150% of the primary insurance and more if there are additional children. Upon the death of both parents, each child receives 75% of the primary insurance amount within certain maximum limits per family, generally about 200% of the primary insurance.

Retirement benefits are determined by the age at which the physician enters the Social Security program and, also, the age at which he will retire. These benefits may start at age 65 years and continue for life, although they would be reduced if he or his wife dies. The maximum retirement income for an unmarried man is $168 monthly and for a married couple it is $252 monthly. A doctor's widow would receive a maximum benefit of $120.20 monthly at age 60, or $252 monthly at any age if she is caring for a child. In addition, $126 maximum monthly benefits is paid for each of the deceased doctor's children under 18 years, or under age 21 years if still in school or disabled. The maximum monthly benefits for any family is $368. It must be understood, however, that not everyone is entitled to maximum benefits, although physicians paying Social Security taxes for ten years will be eligible for these amounts.

Savings or investments for retirement may be influenced by this new source of retirement income, although one must bear in mind that the Social Security benfits, like insurance, represents a fixed dollar asset that loses value with rising inflation. Furthermore, the maximum retirement benefits referred to will not apply to older physicians who will not qualify for these amounts. However, the amount received is tax-free and, furthermore, Congress may increase these benefits before retirement day arrives. Since benefits are reduced if you worked even part time (except for physicians over 72 years of age), this may encourage retirement at age 65 years. For every dollar earned between $1,500 and $2,700 annually, the Social Security check is reduced by 50 cents, and for every dollar over $2,700 earned the Social Security check is cut by $1.00. No such limitations exist for physicians over age 72 years. Furthermore, these income limits apply to earned income only and not to income from investments.

In view of these new financial facts of life, the prudent physician will take a new look at his retirement and life insurance programs.

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FURTHER REGULATIONS of DRUGS UNDER FDA CONSIDERATIONS

The Drug Abuse Control Amendments of 1965, regarding barbiturates, amphetamines and tranquilizers, will take effect February 1, 1966.

An Advisory Committee, made up of physicians and members of The National Academy of Science, was formed to assist The Food and Drug Administration to determine which specific drugs should be covered under the new controls. This committee met December 27-28 in Washington, D.C., and in addition to the above-named drugs, considered several classes of hallucinogenic agents, as well as the gamut of other stimulants and depressants. Their recommendations and proposals will be forthcoming.

It is the purpose of the FDA and its committee to keep a tight reign and control on these drugs from the pharmaceutical industries whence they start to the distributors, pharmacists and physicians, and ultimately to individuals who take the drug on their own initiative, rather than on the basis of medical advice. In the meantime:

Q. What does the legislation do? *

A. Effective February 1, 1966, it (1) provides greater penalties for the distribution of depressant and stimulant drugs through unauthorized nonmedical channels; (2) requires those who sell these drugs to keep records of purchases and dispersals; (3) limits the expiration date and the number of refills on prescriptions for these drugs.

Q. What drugs are covered?

A. Barbiturates, amphetamines and any other depressants, stimulant, or hallucinogenic drugs which may be found to have a "potential for abuse."

Q. How is your prescribing affected?

A. Prescriptions for the controlled drugs may be refilled not more than five times and automatically expire in six months. No special authorization is needed before each refill. When the prescription has expired, it may be renewed for another term. Both new prescriptions and renewals may be made by phone (except where prohibited by state law).

Q. Who has to keep records?

A. Manufacturers, wholesalers, pharmacists, and those doctors who regularly dispense and charge for the con-

COMPLIMENTS

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trolled drugs.

Q. May doctors dispense professional samples without keeping records?

A. Yes. Only doctors who regularly dispense and charge the patient for the controlled drugs must keep records of samples.

Q. What effect does the legislation have on state laws governing these drugs?

A. None at all, except where provisions of these state laws contradict the federal act. When this happens, federal law takes precedence.

For more complete information, write to:

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Washington, D. C. 20203

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BY-LAWS COMMITTEE

The last revision of the by-laws was approved by the Society in February of 1961.

Since then almost 30 amendments have been adopted.

Although carefully preserved, these amendments have never been "catalogued" properly in their respective Chapters, Sections and Sub-sections. As a result, the by-laws of late have been difficult to use and also unfit for membership distribution. The Committee, with the invaluable assistance of Mrs. Purdy, has finally succeeded in remedying the situation (see opposite page).

What is presented on the several pages that follow is not a by-laws revision in the parliamentary sense of the word. It requires, therefore, no action on the part of the Society. Rather it is a new edition of existing by-laws reorganized in such a manner as to insert in their proper places all the amendments duly adopted by the Society during the last 5 years. Publishing them in the *Hippocrat* will obviate the need of mimeographing or printing them in booklet forms, as in the past.

The membership, therefore, is urged to save this special "By-laws" issue of the *Hippocrat*. It is urged also to discard all previous copies of District by-laws. A sufficient number of reprints, it is anticipated, will be made available for distribution to new members, for several years to come.

John F. Griffin
Harry N. Memery
Ralph T. Miller
Theodore R. Miner
Max Millman, Chairman

THE MEDICAL CREDITS DIVISION

Administered by an Operating Council comprised of Physicians, Dentists and Hospital representatives who are elected annually. Furnishes educational and professional assistance to its members in safe credit and collection procedures. Provides pre-collection aids and offers where required, an ethical, dignified and efficient collection service.

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BY-LAWS AND RULES OF PROCEDURE OF THE HAMPDEN DISTRICT MEDICAL SOCIETY

Adopted April 25, 1961 and Amended to February 1, 1966

CHAPTER I

Name and Purpose

Section 1. The organization, a component of the Massachusetts Medical Society, shall be known as the Hampden District Medical Society.

Section 2. The purpose of this organization shall be:

(a) To elevate the standards of medical practice, and

(b) To promote and protect the health of the public.

Section 3. In the event of dissolution, all residual assets of this organization shall be donated to a non-profit charitable or educational organization.

CHAPTER II

Boundaries

Section 1. The boundaries of this Society shall be those established by the Council of the Massachusetts Medical Society. They include: Agawam, Aldenville, Blandford, Bondsville, Brimfield, Chester, Chicopee, Chicopee Falls, East Longmeadow, Feeding Hills, Granville, Hampden, Holland, Holyoke, Indian Orchard, Longmeadow, Ludlow, Monson, Montgomery, North Wilbraham, Palmer, Russell, Southwick, Springfield, Three Rivers, Tolland, Wales, Ware, Westfield, Westover Field, West Springfield, Wilbraham, and Willimansett.

Section 2. The above boundaries are contingent upon such changes as may be made from time to time by the Council of the Massachusetts Medical Society.

CHAPTER III

Membership

Section 1. The requirements for membership shall be:

(a) Qualification for Fellowship in the Massachusetts Medical Society (1,1). *

(b) Legal residence or place of practice within the Hampden District boundaries.

(c) Appearance of applicant before the Secretary; before the Board of Membership if indicated in accordance with section 2 of this Chapter and (VII, Sec. 3); and before the Censors for the purpose of examination and to satisfy them that all requirements for Massachusetts Medical Society Fellowship have been fulfilled in accordance with the by-laws of the Massachusetts Medical Society (1,1).

Section 2. An applicant who is a graduate of a discontinued, foreign, or unapproved medical school may be admitted to examination by the censors only when he has been personally interviewed and considered by the Board of Membership of the District Society, and approved by the Committee on Membership of the Massachusetts Medical Society (V,2).

Section 3. Extraterritorial membership shall be conferred upon fellows credited to this District by the Executive Committee of the Massachusetts Medical Society, although their legal residence is elsewhere.

Section 4. Senior membership shall be conferred upon Senior Fellows of the Massachusetts Medical Society provid-

* Parenthetical figures refer to the By-Laws of the Massachusetts Medical Society

ed they are 65 years or older, provided their assessments have been paid or remitted in full, and provided they have been dues paying members for at least five years. Senior members shall be in good standing. They may attend and address meetings of the Society and serve on committees. They shall have the right to vote and hold office. They are not required to pay dues and are not subject to assessment. Application for senior fellowship shall be addressed to the Executive Committee of the Council and sent to the Treasurer of the Massachusetts Medical Society, 22 The Fenway, Boston (1,5).

Section 5. Deprivation of membership of those whose assessments are one year in arrears, shall be recommended by the Executive Committee to the Committee on Membership of the Massachusetts Medical Society (1,8).

Section 6. Members shall not be required to pay further dues or assessments during a period of active services in the United States Army, Navy, Marine Corps or Air Force. This does not apply to members going into active service during the first year of membership in the Society.

Section 7. In their relations with each other, with their patients, with the profession at large and with the public, all members shall be guided by the Code of Ethics and Publicity Guide of the Massachusetts Medical Society and by the Principles of Medical Ethics of the American Medical Association.

CHAPTER IV
Meetings

Section 1. The annual meeting shall be held at least three weeks before the annual meeting of the Massachusetts Medical Society.

Section 2. At least three other, or regular meetings, shall be held annually at such time and place as designated by the Executive Committee of the Society.

Section 3. Special meetings may be called by the President, or by the vote of the Executive Committee, and shall be called at the written request of twenty-five members.

Section 4. Attendance of all orientation and indoctrination programs during the first year, and of at least fifty (50) per cent of the District meetings during each of the first two years of membership, is mandatory.

Section 5. The deliberations of the Society shall be governed by parliamentary usage as interpreted by Robert's Rules of Order, Revised, when not in conflict with the bylaws, and/or the Rules of Procedure, of the Society.

Section 6. Fifty members shall constitute a quorum.

CHAPTER V
Election of Officers, Councilors, and Committees

Section 1. The Society at its annual meeting, on nomination by either the Nominating Committee or from the floor, shall elect by vote (using ballots providing there is a contest) officers, councilors, and committees for the term of one year, except as otherwise specified, as follows:

(a) President; Vice President, who shall be President-Elect; Secretary; and Treasurer.

(b) To the Executive Committee of the District Society two members, each for a term of three years.

(c) Councilors, who shall be elected in number equal to one for every twenty-five active and senior members and a ma-

jority fraction thereof, or such other ratio as the Council of the Massachusetts Medical Society shall choose, as of the first day of January preceding.

(d) Four Censors and a Supervising Censor.

(e) A Commissioner of Trial, who shall serve on Board of Trial of the Massachusetts Medical Society (VIII,2).

(f) To the committees of the Massachusetts Medical Society: a member of the Committee on Public Relations; a member of the Committee on State Legislation; a member and alternate member of the Committee on Nominations; and a member of the Committee on Tax-Supported Medical Care.

(g) To the Nominating Committee of the District Society one member for a term of three years.

Section 2. These officers shall take office at the close of the next Annual meeting of the Massachusetts Medical Society.

Section 3. Only Councilors shall be eligible as Supervising Censor and as members of the State Committees on Public Relations and on State Legislation.

Only Councilors who have held this office for at least one year shall be eligible as members of and alternates to the Committee on Nominations. Members of the Committee on Nominations shall not serve for more than five consecutive years and shall not be eligible for re-election for three years. The Public Relations Councilor shall serve also as a member of the District's Executive Committee. Alternates to the Committee on Nominations shall not serve for more than five consecutive years as alternates, but may then be eligible to become members of the Committee.

Only fellows who have been members of the Massachusetts Medical Society for at least ten years shall be eligible as Censors or Supervising Censor. Censors shall not serve for more than four consecutive years and shall not be eligible for re-election for three years. The term of Supervising Censor shall be five years. All Supervising Censors shall have been Censors previously.

Section 4. Vacancies that occur in the Executive Committee, the Nominating Committee, the office of councilor, censor, and commissioner of trial shall be filled ad interim by appointment by the President with the approval of the Executive Committee of the District Society.

Section 5. The Councilors-elect of the District Society shall meet on call by the Secretary at or shortly after the Annual meeting of the District Society and elect two of their number to serve as member and alternate of the Executive Committee of the Council (III,6), (VII,2).

Section 6. Member of and alternate to the Executive Committee of the Council shall serve for three years and be eligible for re-election for another term.

They shall not succeed themselves after a second term, nor be eligible for re-election during the three years following completion of a second term.

The term of office of the alternate shall be concurrent with the term for which the member was elected.

Vacancies that occur during the

term of office of such member or alternate shall be filled promptly by vote of the Councilors of the District Society, ad interim (III,6).

CHAPTER VI

Duties of Officers

Section 1. The President shall preside at all meetings of the District Society and of the Executive and Grievance Committees.

He may, at his discretion, call a meeting of the Society or of any of its committees.

He shall upon assuming office, name the members of all committees except as otherwise specified, and shall, with the approval of the Executive Committee, make ad interim appointments to fill all vacancies in offices or committees unless otherwise provided in the by-laws of the Society or of the Massachusetts Medical Society.

He shall be a member of the Board of Membership, and a member ex-officio of all committees, except that on nominations.

He shall be ex-officio, a Councilor and a Vice-President of the Massachusetts Medical Society.

He shall upon retiring from office serve as a member of the Executive and Grievance Committees for a term of one year.

Section 2. The Vice-President shall be the President-Elect.

He shall in the absence of the President perform all the duties of the President.

He shall assist the President in the performance of his duties in such a manner as the President may direct and in so doing shall be considered to represent the President.

At the annual meeting of the District Society following the annual meeting at which he was elected, he shall assume the office of President.

He shall be a member ex-officio of all committees except the committee on nominations.

Section 3. The Secretary shall have custody of the by-laws, records, and other papers of the Society. He shall keep a record of all its doings.

He shall send to each member a notice of each meeting.

He shall read at each meeting such communications as the President may direct.

He shall notify committee members of their appointments and duties.

He shall keep a directory of members.

He shall perform such other duties as specified in the by-laws of the Massachusetts Medical Society, and in addition such other duties as the Society, the President, the Executive Committee, or the Council of the Massachusetts Medical Society or its Executive Committee may require (III,7 & V,3).

He shall make a copy of these by-laws available to every member and to each new member upon admission to the Society.

He shall be a member ex-officio and act as secretary of the Executive and Grievance Committees, of the Board of Censors, and of the Board of Membership (V,1,2,&3).

He shall, ex-officio, be a Councilor (IV,2). Upon request he may be assigned an Assistant-Secretary, who shall be elected by the Executive Committee.

Section 4. The Treasurer shall collect assessments and shall account for all receipts and all disbursements of all funds of the District Society.

He shall furnish a list of members six months in arrears to the Committee on Membership of the Massachusetts Medical Society (I,8).

Section 5. The President, Vice-President, Secretary, Treasurer, and Public Relations Councilor shall serve as members ex-officio of the Executive and Grievance Committees, with power to vote.

CHAPTER VII
Committees

There shall be the following standing committees, appointed by the President, unless otherwise provided by these by-laws or by those of the Massachusetts Medical Society:

Section 1. Executive Committee

(a) This Committee shall consist of twelve members: the four officers, the immediate Past President, the Public Relations Councilor, and six elected members.

(b) At each annual meeting two members shall be elected, each for a term of three years.

(c) Six members shall constitute a quorum.

(d) It shall meet monthly, except during July and August, and at such other times as may be needed, at the call of the President.

(e) It shall be the policy making body of the Society.

(f) It shall be responsible for the program of each Society meeting.

(g) It shall have the authority to act in the interim between meetings of the Society upon all matters, subject to review, approval or disapproval by the Society.

(h) It shall assist the President in preparing matters for consideration by the Society.

(i) It shall consider all reports of committees and if in its opinion any report should be modified prior to presentation to the Society it shall make appropriate recommendations to the commmittee concerned.

(j) It shall advise the President, and shall exercise all the powers of this Society except such as are otherwise provided by these by-laws or by those of the Massachusetts Medical Society.

(k) It shall elect immediately after each annual meeting:

1. A board of Editors for the *Hampden Hippocrat,* for their willingness to serve and preferably in accordance with their geographic and hospital distributions;
2. An alternate to the Public Relations Councilor;
3. An alternate to the Legislative Councilor; and
4. An Assistant Secretary, upon the request of the Secretary.

(l) It shall. through the Treasurer, recommend to the District Society such dues and assessments as may be needed.

(m) It shall serve as the Grievance Committee.

Section 2. Grievance Committee

The members of the Executive Committee shall serve also as the Grievance Committee. It shall concern itself with grievances against members in accordance with the rules suggested by the Committee on Ethics and Discipline of the Massachusetts Medical Society, which are as follows:

Only complaints in writing shall be received.

Copies of such letters shall be sent to the physicians involved for their consideration.

Matters of medical ethics that might result in deprivation of membership shall be referred to the Massachusetts Medical Society Committee on Ethics and Discipline.

Disagreements regarding fees shall be adjusted by district committees as far as possible.

Where settlement cannot be reached, the matter shall be referred to the Committee on Ethics and Discipline.

Section 3 Board of Membership

(a) The Board of Membership shall consist of the President, Secretary, and Supervising Censor who ordinarily shall act as chairman.

(b) It shall interview personally and shall consider every applicant who is a graduate of a discontinued, foreign or unapproved medical school (V,2). It shall either approve or disapprove him for examination by the censors.

(c) It shall conduct annually orientation and indoctrination programs for all new members of the Society.

Section 4 Board of Editors

(a) This Board shall be elected annually by the Executive Committee and shall consist of Editor-in-Chief, Assistant Editor, Secretary and Business Manager, Assistant Secretary and Business Manager and eight Associate Editors.

(b) It shall publish and distribute, as the official bulletin of the District Society, the "Hampden Hippocrat", at least four times a year.

(c) It may, with the advice of qualified accountants, retain from monies such reserve funds as may be necessary to maintain publication of the *Hampden Hippocrat.*

(d) It shall submit annually to the Executive Committee a report of its activities and also of its income and expenditures.

(e) The Assistant Editor shall aid the Editor-in-Chief and shall assume his duties as the need arises.

(f) The Associate Editors shall cooperate with the Editor-in-Chief and shall contribute such written material in the fields of journalism, literature and socio-economics as may come to their attention, or as assigned by the Editor-in-Chief.

Section 5 Public Relations Committee

(a) This committee shall consist of the Public Relations Councilor, who shall serve as Chairman, and at least four members appointed by the President. One of the appointees shall be designated as Alternate to the Public Relations Councilor by the Executive Committee.

(b) It shall concern itself with immediate and long-range plans for improving relations between members of the Society and the public, utilizing all available media. It shall consider all matters of public relations referred to it by the Society or by the Committee on Public Relations of the Massa-

chusetts Medical Society.

Section 6 Legislative Committee

(a) This committee shall consist of the Legislative Councilor, who shall serve as Chairman, and at least four members appointed by the President. One of the appointees shall be designated as Alternate to the Legislative Councilor by the Executive Committee.

(b) It shall consider all legislative matters referred to it by the District Society or by the Committee on Legislation of the Massachusetts Medical Society, and shall be auxiliary to and under the direction of that Committee.

Section 7 Nominating Committee

This Committee shall consist of three members, one of whom shall be elected annually for a term of three years. The member serving his final year on the committee shall be its chairman during that year.

(a) It shall nominate the officers, councilors, censors, etc., as specified in Chapter V, Section 1, and shall cause its report to be presented at the annual meeting of the Society.

Section 8 Woman's Auxiliary Committee

This committee shall consist of a chairman, appointed by the President, the chairman of the Public Relations Committee or his representative, and the chairman of the Legislative Committee or his representative.

(a) It shall serve as liaison between the Society and the Woman's Auxiliary to the Hampden District Medical Socity.

(b) It shall confer, when requested by the Auxiliary, on matters pertaining to the Society.

Section 9 Committee on Insurance, Labor Relations, and Industrial Accidents

This committee shall consist of four members, one of whom shall be appointed annually by the President for a term of four years.

(a) It shall confer, when requested, with labor groups to advise on fee schedules that would be acceptable to members of the Society.

(b) It shall confer with insurance carriers to maintain uniform insurance forms and adjust fee schedules and physician payments.

(c) It shall review problems arising in industrial matters and recommend solutions to the District Society.

Section 10 Blue Shield District Professional Service Committee

This committee shall consist of a chairman, and at least five other members appointed by the President.

(a) It shall serve as liaison between the Society and the Central Professional Service Committee of the Massachusetts Medical Society.

(b) It shall consider all Blue Shield matters referred to it by the Society or by the Central Professional Service Committee of the Massachusetts Medical Society.

(c) It shall confer, when requested, with members on matters pertaining to Blue Shield.

Section 11 Committee on Malpractice and Medico-Legal Affairs

This committee shall consist of four

members one of whom shall be appointed annually by the President for a term of four years.

(a) It shall confer, when requested, with members on matters of litigation.

(b) It shall meet with a similar committee of the Hampden Bar Association on medico-legal problems.

Section 12 Public Health Committee

This committee shall consist of a chairman and at least four other members, appointed by the President.

(a) It shall foster the knowledge of the prevention and treatment of disease by any appropriate measures in the field of public health.

Section 13 By-Laws Committee

This committee shall consist of a chairman, the Secretary, the Assistant Secretary, and at least two other members of the Society.

Section 14 Committee on Members' Insurance Programs

This committee shall consist of a chairman and at least four other members, appointed by the president.

(a) It shall study and recommend to the Society insurance programs.

(b) It shall consider all insurance programs referred to it by the Society.

(c) It shall confer, when requested, with members on matters pertaining to insurance programs.

Section 15 Committee on Emergency Medical Service

This committee shall consist of a chairman and at least four other members appointed by the president.

(a) It shall recommend to the Society methods for providing and maintaining emergency medical service in the several communities of the district.

(b) It shall consider all emergency medical service measures referred to it by the Society.

(c) It shall report to the Executive Committee all emergency service derelictions of duty on the part of any member of the Society.

Section 16 Committee on Medico-Religious Affairs

This committee shall consist of a chairman and at least four other members, appointed by the president.

(a) It shall confer with clergy of the various faiths in the area for the purpose of rendering the patient not only physical but also mental, spiritual, and social care.

Section 17 Disaster Medical Care Committee

It shall consist of a chairman and one representative from each of the hospitals in the District, appointed by the President. The chairman shall be a member ex-officio of the Committee on Disaster Medical Care of the Massachusetts Medical Society.

(a) It shall consider all matters on disaster medical care referred to it by the Society or by the Committee on Disaster Medical Care of the Massachusetts Medical Society.

Section 18 Auditing Committee

This committee shall consist of two members, who are not officers of the Society, appointed by the President.

(a) It shall, at the close of the fiscal year, verify the books and accounts of the treasurer.

(b) It shall report its findings at the annual meeting of the Society.

CHAPTER VIII

Amendments

Section 1

These by-laws may be amended by a vote of two-thirds majority of those present and voting at any stated meeting of the District Society, provided the proposed amendment or amendments shall have been submitted previously in writing to the Society; shall have been referred to the By-Laws committee; and shall have been published by this committee in the *Hampden Hippocrat* before the call of the meeting. Publication of such proposals in the issue of the *Hampden Hippocrat* immediately preceding the stated meeting at which the amendment or amendments are to be considered, shall constitute written notice.

Section 2

Upon acceptance of these by-laws, any previous by-laws of the District Society are thereby rescinded.

RULES OF PROCEDURE

Rule 1

All new business offered at Society meetings shall be referred by the President to the appropriate committee which shall submit recommendations at the next stated meeting, before acton is taken by the Society.

Rule 2

When the matter under consideration is deemed sufficiently urgent to warrant immediate action by the Society, Rule 1 may be suspended by a vote of two-thirds of those present and voting.

END

ACADEMY

The next meeting of the

SPRINGFIELD ACADEMY OF MEDICINE

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TUESDAY, MARCH 8, 8:30 P.M.

Speaker:	**RICHARD C. BRITTON, M.D.** **Assistant Professor Surgery** **Columbia-Presbyterian** **Medical Center**
Topic:	**PORTAL SURGERY**
Place:	**Auditorium, Municipal Hospital** **Springfield**
Hospital Clinic:	**Springfield Hospital, 5 P.M.**

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Safe Baby Sitters have been trained by members through the GEMS (Good Emergency Mother Substitute) program since 1952. Thousands have been properly trained to prevent needless accidents and deaths when the mother is away. A televised GEMS program won a National Safety Council award in 1962. Awards also have gone to auxiliaries for poison control, water and public safety programs, and health mobilization projects.

Health Education includes distributions of free subscriptions to *Today's Health,* the American Medical Association-sponsored health magazine, to 13,000 schools. The auxiliary has backed the AMA's health education program since 1923

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when it first promoted *Hygeia* (forerunner of *Today's Health*). Members also provide health information to schools and women's groups through pamphlets, films, exhibits and qualified speakers.

Legislation which would protect the health of the people is supported, that which would lower standards of medical care is vigorously opposed.

Voluntary Health Agencies utilize efforts of members as leaders, fund raisers and health educators.

International Health. The world is the community which benefits from organized efforts of the auxiliary to collect and ship bandages, drugs, medical text books and used equipment and instruments to countries in need.

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$2,000,000 has been raised and given for nurse scholarships and loans. Other health careers now receive similar help.

YOUR COMMITTEE OF CHOICE

As President-Elect, it will shortly become my duty to appoint a number of committees. The effectiveness of a committee is in direct proportion to the interest of its members in the areas of the matters under consideration. Therefore I am using this medium to urge any members of the H.D.M.S. who may have particular interests to let them be known. To accomplish this, merely drop a note to the H.D.M.S. office at 1414 State St., Springfield, addressed to Dr. Harry Memery, Secretary, stating your preferences. This request will, of course, apply only to appointive committees; moreover, it may not be possible to satisfy all requests.

Committee work is the heart of any organization and I urge you to let us know where you wish to apply your talents and your energies.

Vice President and President-Elect
Donald R. Hayes, M. D.

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YOUR PROFESSIONAL LIABILITY

Invasion of Privacy

Q.—*If a plastic surgeon publishes "before" and "after" photographs of a patient who has undergone cosmetic surgery in connection with an article in a medical journal, is the surgeon liable to the patient for damage?*

A.—If the patient has not expressly consented to the publication of the photograph, the surgeon may be liable for damages. Even where liability is limited to publication for commercial purposes, liability may result on the ground that the publication of the artile constituted advertisement for the surgeon. *Griffin v. Medical Society of New York.* 11 N.Y.S. 2d 109

Liability for Acts of Others

Q—*What is the rule of liability in a case in which two physicians engaged to treat the same patient concurrently?*

A—Each physician in serving with the other is liable not only for his own negligence, but also for any wrongful act or omission of the other which he observed and permitted to continue without objection, or which in the exercise of reasonable diligence he should have observed. *Beauchamp v. Davis,* 217 S.W. 2d 822.

Q.—*Is a surgeon who is performing an operation legally liable for injuries to his patient which result from the negligence of a licensed physician-anesthesiologist?*

A—Ordinarily a surgeon is not liable for the negligence of a licensed physician-anesthesiologist, provided the latter is qualified, responsible, and not acting under the direction and control of the surgeon during the operation.

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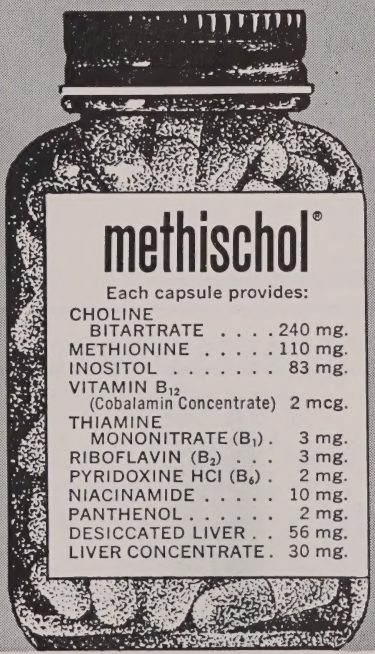
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Hafey Funeral Home
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King's Drug Store
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Lilly, Eli and Co.
Log Cabin Restaurant
Medical Management
Merit Pharmacal Co.
O'Donnell, Edward F. Funeral Home, Inc.
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Perrene's Ltd.
Pitman-Moore
Pomeroy-Williams Co.
Professional Pharmacy
Ratell Funeral Home
Reid, A. R., Inc.
Ring Nursing Home
Safe Deposit Bank and Trust Co.
Sampson, T. P., Funeral Home
Schering Corp.
Schlatters' Inc., Florists
Smith, Kline and French Laboratories
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Spruce Manor Nursing Home
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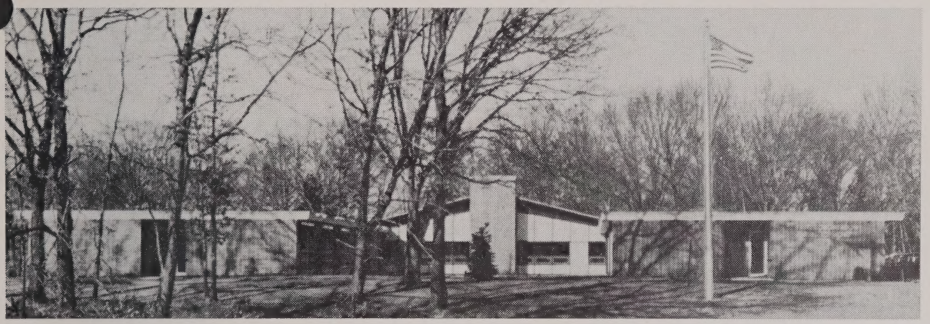

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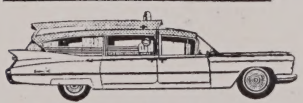

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